

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10/505193
APPLICANT(S)
FILING DATE

12/16/05 CLAIMS

AS FILED	AFTER		AFTER		CLAIMS	
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	
1						
2						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51	/				
52	/				
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95					
96					
97					
98					
99					
100					
TOTAL IND.	11				
TOTAL DEP.	3				
TOTAL CLAIMS	42				